

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012877
STATE FILE NUMBERDO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

2862

FILED MAR 30 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN

St. Louis, Mo.

Length of stay in lb

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Illinois

COUNTY

St. Clair

Inside Limits

Yes ☐ No ☐c. CITY
OR
TOWN

East St. Louis

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Jewish Hospital

Inside Limits

Yes ☐ No ☐d. STREET
ADDRESS

672½ N. 62nd St.

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First

Frances

Middle

Olive

Last

Kline

4. DATE
OF
DEATH

Month

March

Day

14

Year

1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☐ Divorced ☒

8. DATE OF BIRTH

9-10-1915

9. AGE (last birthday)

46

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Receptionist

10b. KIND OF BUSINESS OR INDUSTRY

Restaurant

11. BIRTHPLACE (City and state or country)

E. St. Louis, Ill.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Richard Nott

13b. MOTHER'S MAIDEN NAME

Margaret Burns

14. NAME OF HUSBAND OR WIFE

divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

Richard A. Kitt

3035 Regent Place

E. St. Louis, Illinois

18. CAUSE OF DEATH (Enter only one cause per line for
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma of the cervix

INTERVAL BETWEEN
ONSET AND DEATH

1 year

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.)

DUE TO (b)

Metastases to lungs

DUE TO (c)

171X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Jan 1961 to March 1962 and last saw her alive on 3-14-62

Death occurred at 9A: m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Melvin M. Schum M.D.

22b. ADDRESS

4652 Maryland

22c. DATE SIGNED

3-14-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

3-16-62

23c. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

23d. LOCATION (City, town, or county)

Belleville, Illinois

(State)

24. FUNERAL DIRECTOR

John J. Kassly

ADDRESS

E. St. Louis, Illinois

25. DATE RECD. BY LOCAL REG.

MAR 14 1962

26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

(INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by Not Embalmed, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed John F. Ramsey III

Licensed Embalmer No. 5037

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.